

THE MILITARY HEALTH SYSTEM

# The Military Health System Strategic Plan

---

Achieving a Better, Stronger, and More Relevant  
Military Health System



March 2015

# Table of Contents

<b>1. INTRODUCTION.....</b>	<b>2</b>
The Quadruple Aim: Our Strategic Framework .....	3
<b>2. THE MHS MISSION.....</b>	<b>4</b>
<b>3. THE MHS VISION.....</b>	<b>5</b>
Integration in Readiness and Health Service Delivery .....	5
Integrating Battlefield Care.....	5
Integrating Care Delivery in Hospitals and Clinics .....	5
Integrating Healthcare with Health Promotion and Readiness Support .....	6
Worldwide Structural Integration .....	7
Deployed Healthcare.....	8
MTF-Anchored Markets .....	8
Mission-Driven Markets .....	8
Markets without an MTF Presence .....	8
System Integration .....	9
<b>4. THE MHS STRATEGY MAP: HOW WE CREATE VALUE.....</b>	<b>10</b>
Creating Value from the Bottom Up.....	10
Creating Value from Right to Left.....	11
The Four Strategic Themes.....	11
Readiness .....	11
Better Health .....	12
Lower Cost.....	15
Organizational Capability and Financial Perspective .....	16
The Complete MHS Strategy Map .....	17
<b>5. DEMONSTRATING SUCCESS AND DELIVERING RESULTS.....</b>	<b>18</b>
The MHS Value Dashboard.....	18
How We Use the Plan in Managing the Organization.....	18
<b>6. APPENDIX A: MHS STRATEGIC OBJECTIVES DEFINITIONS .....</b>	<b>20</b>

# **Military Health System Strategic Plan: Achieving a Better, Stronger, and More Relevant Military Health System**

## **1. INTRODUCTION**

The Military Health System (MHS) is at a major inflection point.

Lessons from thirteen years of battlefield medicine, along with continual changes in the practice of medicine, require new approaches to how we ensure readiness and deliver healthcare. The MHS is responding by evolving into a modern integrated system that reliably delivers value by improving health and readiness outcomes.

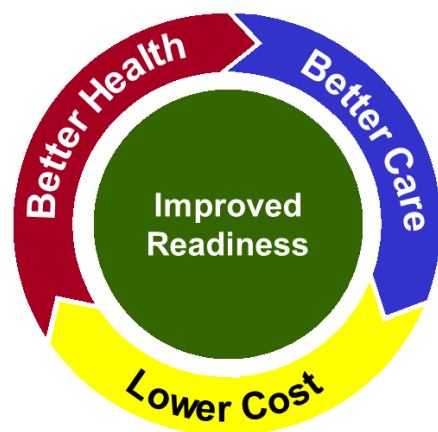
Our system has performed superbly in combat casualty care, life-saving treatment, and long-term care and rehabilitation of our injured and ill Service members over the past decade. Working together, we've achieved historic outcomes in lives saved and injury and illness prevented.

But, together with the changes in clinical practice, the force sizing, and budget, we now require new approaches to maintaining the health of the force, sustaining a ready medical force, and delivering quality healthcare. Many wounded warriors, their families, and caregivers will continue to require years or a lifetime of care and services. Our obligations will include expanding expertise in long-term management of chronic medical conditions.

We do not face our challenges alone. Healthcare organizations throughout the country are experimenting with models that increase value – improving health outcomes and quality of care while lowering cost. For employers and individuals alike, growth in health costs is unsustainable and the best science is telling us that the way to achieve real reduction in healthcare costs is to improve quality and safety, and to focus on health. Our advantage is that we can combine forces within the entire DOD to strengthen a culture of health. And, we can partner with the best civilian healthcare organizations to share what we have learned to improve the health of the nation.

And while we share the goals of better health and better care with all of American medicine, the MHS stands apart with our focus on readiness.

**Therefore, our guiding strategic framework remains the Quadruple Aim:** improved readiness, better health, better care, and lower cost. Readiness remains central to everything we do and is the reason we have a Military Health System mission.



## The Quadruple Aim: Our Strategic Framework

We will translate our Quadruple Aim strategy into action using a performance management system that enables continuous learning and both internal and external transparency. We use common enterprise performance measures to focus our energy and demonstrate value. The measures we adopt will help answer these strategic questions linked to our Quadruple Aim:

- **Readiness:** Is the Total Force medically ready for any mission and is the medical force ready to deliver health services anywhere, anytime?
- **Health:** Are we improving the health of our population by fostering healthy lifestyles, preventing illness, and reducing the impact of sickness and injury?
- **Care:** Are we providing safe and effective patient centered healthcare that improves outcomes?
- **Cost:** Are we reducing the total cost and improving value of the Military Health System by continuously improving efficiency and eliminating waste?

To improve performance, we will create a more integrated readiness and health delivery system. We will minimize fragmentation, reduce unwarranted variation, and innovate to achieve mission success. We define our future state with the following vision:

**“The integrated Military Health System delivers a coordinated continuum of preventive and curative services to eligible beneficiaries and is accountable for health outcomes and cost while supporting the Services’ warfighter requirements.”**

We will continuously improve core processes to achieve operational excellence. We will shift our investments to deliver services that promote health and readiness so that there is a reduced need for healthcare. This shift from healthcare to health and readiness requires stronger partnerships with line commanders and our patients – we explicitly consider them part of our integrated system.

The Military Health System, a leader in many facets of its mission and indispensable to national security, requires continued attention in areas of access, safety, and quality. Our agenda requires unity of effort. The detailed strategy in these pages outlines what the Military Health System is focused on accomplishing; it establishes the framework for where we will focus our resources, and it describes how we will invest in our people and shape our environment to excel in all four elements of the quadruple aim.

This strategic plan explains how we will create a better, stronger, and more relevant Military Health System for those we serve.

## 2. THE MHS MISSION

The Department of Defense exists to support National Security. The Military Health System plays its part by ensuring that we have a fighting force medically ready to face any challenge, anywhere, anytime. Simply stated, the mission of the MHS is:

**“To enhance DOD and our Nation’s security by providing health support for the full range of military operations and maximizing the health of all those entrusted to our care.”**

The MHS includes the Office of the Assistant Secretary of Defense for Health Affairs, the Military Medical Departments, the Defense Health Agency, Joint Staff Surgeon, and the Uniformed Services University of the Health Sciences; it provides health services to over 9 million active duty and retired members of the Armed Forces and their families.

We operate a global system of hospitals, clinics, and health team capabilities – both fixed and deployable – primarily to meet the health needs of our military force and to maintain our team of professionals so that they can respond when called to support the full range of military operations. The number and capability of our hospitals and clinics, our aeromedical evacuation assets, hospital ships, and other deployable medical capabilities, as well as the number and mix of active, reserve, and civilian medical personnel, are based on meeting our health readiness mission requirements.

We provide direct care services to meet the needs of our population, and we augment military medical treatment facility care by purchasing other health services through an integrated civilian healthcare network.

### 3. THE MHS VISION

To achieve breakthrough performance, we will create a more integrated readiness and health delivery system. We will minimize fragmentation, reduce unwarranted variation, and innovate to achieve mission success. We define our future state with the following vision:

**“The integrated Military Health System delivers a coordinated continuum of preventive and curative services to eligible beneficiaries and is accountable for health outcomes while supporting the Services’ warfighter requirements.”**

The concept of “integration” is a common theme throughout this strategic plan, and is often cited as a principal theme in the MHS governance reforms that have been introduced over the last several years. In the next several sections, we elaborate on our vision for an integrated military health system by describing integration in service delivery and structural integration.

#### **Integration in Readiness and Health Service Delivery**

##### **Integrating Battlefield Care**

In our most recent conflicts, combat casualty care has been closely integrated and has demonstrated a clear benefit to wounded, ill, or injured Service members and timely support for Combatant Commanders. Army, Navy, and Air Force medicine operate a seamless system of support centered on the patient – from the point of injury, through field hospitals, aeromedical evacuation, and intermediate care facilities, to tertiary care facilities in the United States. Jointly staffed medical facilities, common processes, and common equipment have all been features of this system. Enhanced integration has saved lives and created a positive interdependence of Service capability on the battlefield. To ensure that we retain both the gains in effectiveness and the capabilities of our medical force we must constantly update joint medical doctrine.

By reorganizing peacetime healthcare operations using the principles that worked so well in combat, the MHS can achieve higher levels of quality, safety, and consumer responsiveness, and deliver greater value to the military community.

##### **Integrating Care Delivery in Hospitals and Clinics**

We invested resources in implementation of the patient-centered medical home (PCMH), balancing the use of common processes and measures with the freedom to innovate to meet the unique needs of the military family. Early results from our primary care transformation include improved access, quality, satisfaction, and individual medical readiness. As a result, the PCMH model will continue to evolve as the model for high value primary care. In addition, we will further develop condition-based care and services that ensure more effective integration of chronic illness care in a manner similar to the way we coordinate combat casualty care. Coordinating centers of excellence, specialist communities of practice, and primary care while using health information to support common care pathways across treatment settings, we will learn rapidly and deliver better outcomes. This approach will be combined with our comprehensive education, training and research infrastructure to accelerate the pace of learning and growth.

## **Integrating Healthcare with Health Promotion and Readiness Support**

We will ensure that every time a patient seeks healthcare, we will address broader health and readiness needs. We will provide coaching on healthy behaviors and provide preventive services, enabled by real time personalized decision support available to both patient and provider. For Service members, we will meet unique medical readiness requirements and enable “one stop shopping.” And we will extend services from the clinic to where our patients live and work while enabling our patients to take charge of their own health. Finally, we will partner with the community to make environmental changes that make the healthy choice the easy choice.

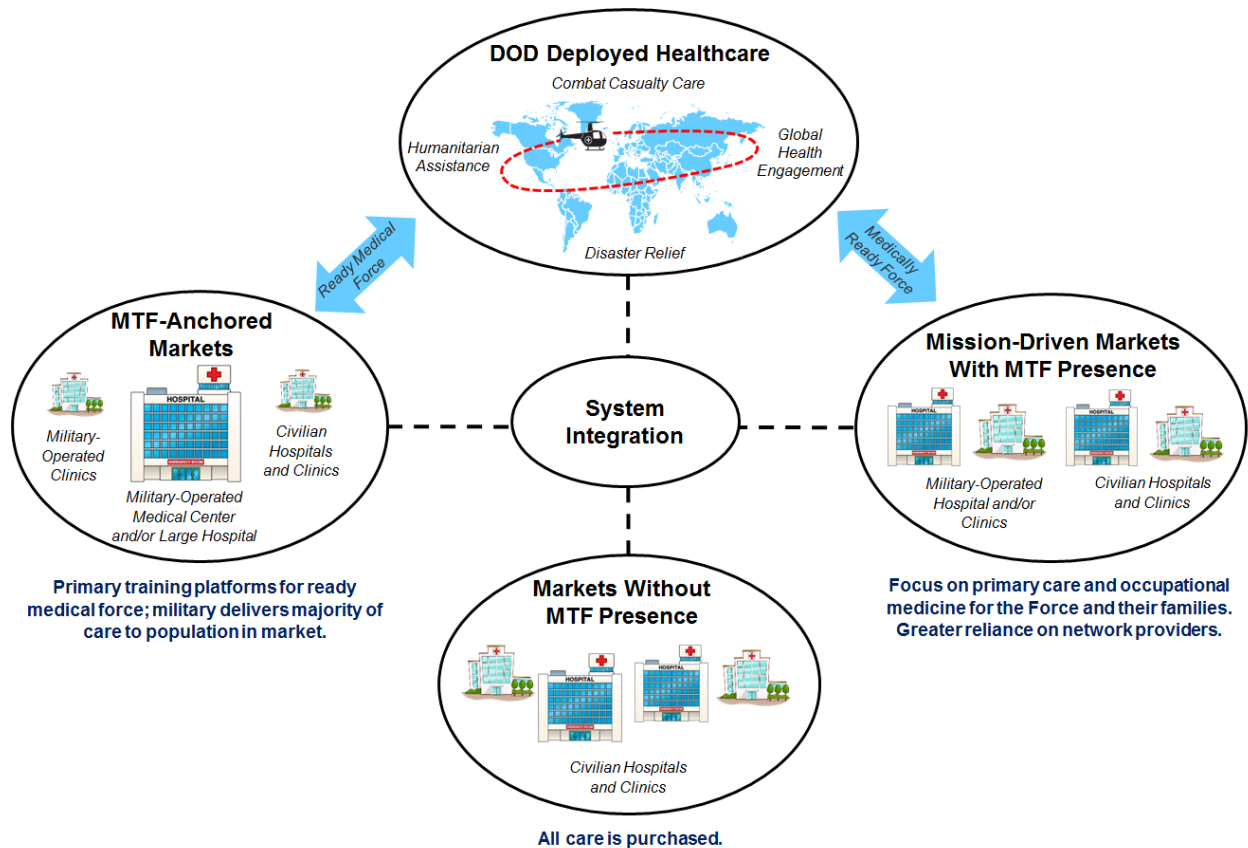
This is the vision we embrace – to coordinate care, promote health, and achieve readiness across diverse settings. We accept the challenge to achieve both structural and functional integration across our complex global system and with our partners.

## Worldwide Structural Integration

Everything we do supports a medically ready force and a ready medical force. In order to best achieve this purpose, the MHS must further integrate operations across and within different domains or care settings. System integration is needed to support each domain's unique needs while promoting integrated global operations.

The graphic below is a simplified view of the MHS showing how our worldwide integrated system is engineered to deliver:

- **A medically ready force** prepared to withstand the challenges of austere and dangerous conditions.
- **A ready medical force** that can deploy anywhere, anytime, and deliver state of the art care under the most demanding conditions.
- **A health benefit** that meets the highest standards for access, safety, and quality and delivers superior outcomes.





## **Deployed Healthcare**

Whether in war or in peace, our military forces will continue to deploy globally, bringing with them a military health team capability to provide routine and preventive care, combat casualty care, and humanitarian and disaster assistance services as needed. Not only does the United States have the preeminent military medical force, it may have the *only* medical force with the global reach and broad capabilities ready to respond on short notice to any possible contingency. To succeed in operational settings, the MHS must have unique capabilities for rapid deployment of personnel and equipment, health surveillance, en-route care, and specialized training. The sustainment of this system of care has far-reaching consequences for national and global security.

## **MTF-Anchored Markets**

Our largest hospitals anchor major medical markets, each serving 100,000 to 450,000 beneficiaries. The hospitals and clinics in these markets serve as:

- Force projection platforms for our **Ready Medical Force**.
- Specialized training centers where we maintain the currency, competency, and capability of the health team and deliver Graduate Medical Education.
- Regional integrated health systems where we provide the majority of primary and specialty care in Military Treatment Facilities while working with civilian providers to deliver the Quadruple Aim.

These markets also function as incubators for innovation in system design and operations where we can test and perfect new solutions and practice rapid cycle learning.

## **Mission-Driven Markets**

We operate small hospitals and clinics in areas with troop concentrations where we:

- Partner with military commanders to sustain a **Medically Ready Force** by practicing a specialized version of occupational medicine and public health.
- Deliver comprehensive primary care and focused specialty services to Service members and their families.
- Work closely with civilian health providers, who provide most specialty and inpatient care, to create a seamless system of care for all eligible beneficiaries.

## **Markets without an MTF Presence**

We provide purchased health services for those entrusted to our care where we do not operate Military Treatment Facilities. With widely variable healthcare needs, our beneficiaries live in disparate locations where we purchase health services to create a flexible, national, and international capability to:

- Deliver consistent quality and service regardless of geographical location.
- Ensure that care and information move with our patients as they move across the world.

- Continuously monitor health team performance and improve outcomes.

## **System Integration**

Given the extraordinary challenge of integrating mission activities in our complex system, the MHS created the Defense Health Agency (DHA) as a Support Organization to promote system integration and support the Army, Navy, and Air Force Medical Departments, and the Joint Staff by:

- Providing a performance management system infrastructure that supports measurement, evidence-based practice, learning, continuous improvement, and innovation,
- Managing and supporting the effective execution of 10 shared services with the Service medical departments: Medical Logistics, Facilities Management, Health Plan, Health Information Technology, Pharmacy, Budget and Resource Management, Contracting, Research and Development, Education and Training, and Public Health.

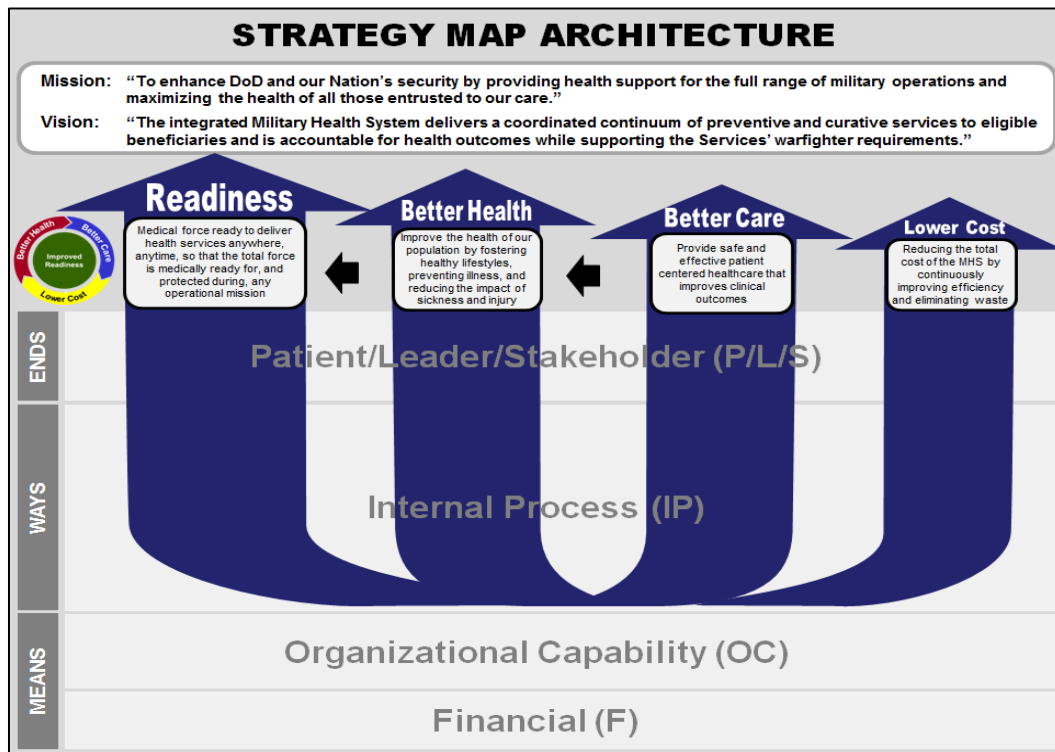
The DHA will help ensure the integration of activities across the four domains (DOD Deployed Healthcare, MTF-Anchored Markets, Mission-Driven Markets with MTF Presence, Markets Without MTF Presence) where the MHS delivers health services by spreading innovation and proven practices. We have long understood that operational medicine is a crucible for rapid learning. Our MTF-Anchored Markets are also incubators for innovation because they have the resources and capability to control the delivery of healthcare and health in support of readiness – thus they can serve as laboratories for improvement. We achieved great success by creating the Joint Trauma System, linking operational medicine with fixed facilities and research and education across the globe in a positive learning cycle from “battlefield to bed to bench and back.” We intend to support the expansion of this learning system by leveraging the Defense Health Agency to create ever increasing synergies between operating domains. And we will incorporate those lessons learned as requirements for the care we purchase to ensure that we provide the same level of access, quality, safety, and effectiveness in markets where we purchase care.

## 4. THE MHS STRATEGY MAP: HOW WE CREATE VALUE

The strategy map is key to understanding the MHS strategic plan. In one page, it depicts the logic for creating customer value and achieving the MHS mission and vision. It specifies the objectives in which we must excel for success as an integrated military health system focused on readiness.

### Creating Value from the Bottom Up

Our strategy map also reads from the bottom to the top. At the base of the map we describe how we ensure that we have the **financial (F)** resources to support mission success and then use those resources to build the specific **organizational capabilities (OC)** needed to accomplish critical **internal processes (IP)** in all four of our strategic themes. Within each theme we describe how the internal processes work together to yield outcomes that **patients, leaders, and stakeholders (PLS)** value.



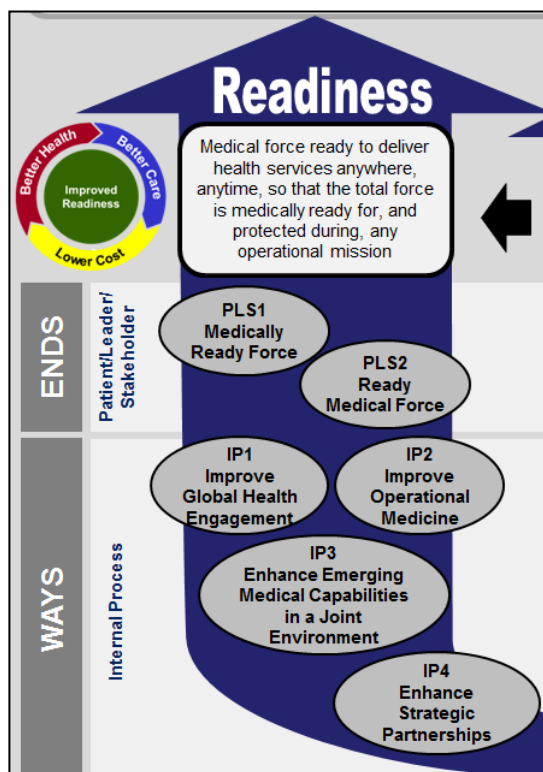
## Creating Value from Right to Left

Our strategic framework and top level goals – improved readiness, better health, better care, and lower cost make up our four strategic themes. Our most important theme is readiness; it is supported by our other three themes. Thus, our strategy map visually demonstrates creating value from right to left. As good stewards of resources, we will **lower cost** by eliminating waste and continuously improving processes. This focus on process excellence will yield **better care** as we achieve high reliability in access, safety, and quality. Next, we will help all members of the military family achieve **better health** by partnering with them so they can adopt healthy behaviors, avoid illness and injury and thus **improve readiness** to face life's challenges, including the specific challenges of military service.

## The Four Strategic Themes

### Readiness

Readiness is our most important strategic theme; to succeed we must deliver both a **Ready Medical Force (PLS2)** and a **Medically Ready Force (PLS1)**. Both the national security environment and national health environment are rapidly changing. These environmental forces require us to be agile and adaptable, finding creative ways to augment internal resources to provide health support for the full range of military operations.



We will **enhance strategic partnerships (IP4)** to create opportunities to learn, enhance training opportunities, nurture enduring relationships, and combine resources to identify new solutions to long-term challenges. We will foster innovation that **enhances emerging medical capabilities in a joint environment (IP3)**.

We will focus on capabilities that provide mission-specific support to military medicine such as telemedicine, simulation, and care during transport. We will develop new ways to mitigate medical threats and enhance human performance.

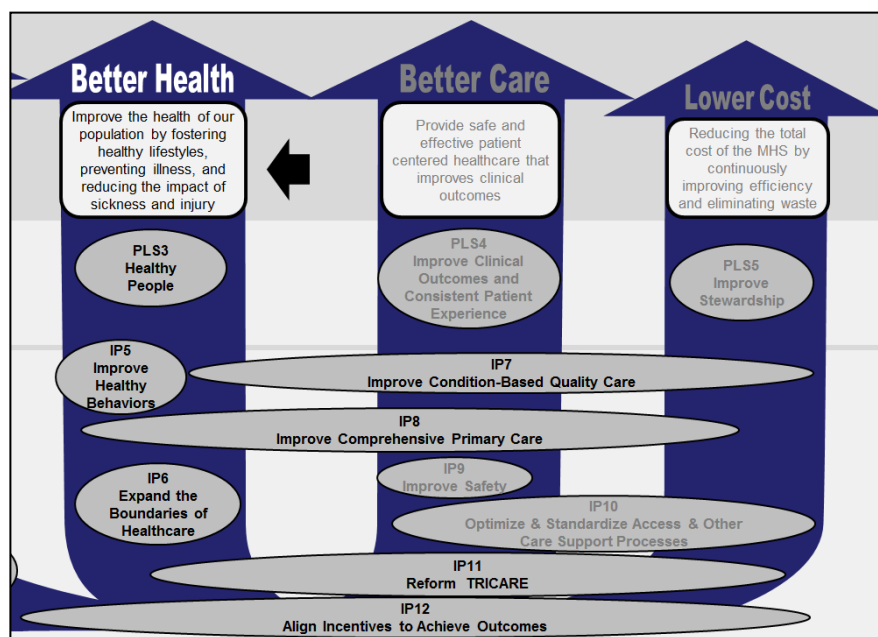
We will employ our new capabilities and evolving partnerships to **improve operational medicine (IP2)**. We will strengthen our capability to **improve global health engagement (IP1)**, helping DOD respond to broader U.S. national security

imperatives, including humanitarian assistance, disaster response, military-to-military partnerships, and other global public health issues.

Our readiness theme is supported by our other themes – because readiness is enhanced when the total force and their families benefit from better healthcare and improved health outcomes.

## Better Health

The next two themes – Better Health and Better Care – share many supporting objectives. In this section, we focus on how these objectives work together to create **healthy people (PLS3)**.



Improving population health depends on strong partnerships with the people we serve. One path to greater partnerships is to **align incentives to achieve outcomes (IP12)** that are important to our beneficiaries. We must reward people for engaging in prevention, adopting healthy behaviors, and expertly managing chronic illnesses. And we must apply the same incentives

in the way we purchase care so we must **reform TRICARE (IP11)** to ensure that our contracts focus on promoting and supporting health, not just the delivery of healthcare.

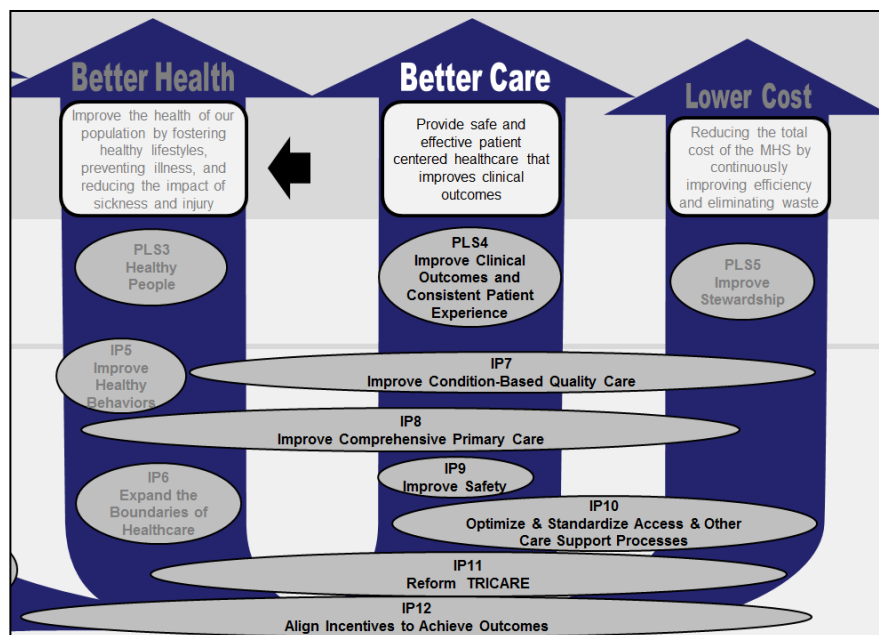
Our patients' personal health decisions, made in their daily lives away from clinics or hospitals, affect over 50 percent of health outcomes. Thus, we must **expand the boundaries of healthcare (IP6)** by using enhanced communication, mobile technology, community partnerships, and an expanded health team to "go to the patient" rather than having the patient always come to us. We will help our beneficiaries make better health decisions and increase **healthy behaviors (IP5)** by applying the science of behavior change, and will develop expertise in health coaching to promote better sleep, activity, nutrition, and other healthy behaviors.

We will **improve comprehensive primary care (IP8)**, addressing a patient's total health needs every time we treat illness or injury and promoting "one-stop shopping" for health by including behavioral health specialists, pharmacists, and other care extenders as appropriate in the primary care setting.

Finally, we will help patients optimize their health when they deal with chronic illness or injury by **improving condition-based quality care (IP7)** that includes a focus on patient activation, education, coaching, and empowerment.

## Better Care

Better care supports better health and readiness and does so by **improving clinical outcomes and a consistent, positive patient experience (PLS4)**.



We will continue to **align incentives for our medical teams to achieve excellent outcomes (IP12)**, rewarding value over volume of care. We will **reform TRICARE (IP11)** to ensure our partnered civilian care providers use the performance measures and meet the same standards as our military hospitals and clinics; thus better ensuring care that is safe, timely, effective,

efficient, equitable, and patient-centered regardless of how or where a patient accesses our system.

Our health benefit offers patients choices, including the choice to receive healthcare exclusively from civilian sources. Our goal is to ensure the direct care system is the provider of choice wherever the option exists. We will **optimize and standardize access and other care support processes (IP10)** that will improve the convenience and experience of care and encourage our patients to choose the direct care system. Our beneficiaries often receive services from a combination of military and civilian providers even during a single episode of care. We must offer a highly reliable integrated system that employs common standards, processes and measures for access, secure handoffs, and care transitions in a manner that delights our patients.

At the core of all we do is a commitment to **improve safety (IP9)** and create a safe environment for both patients and staff. Our goal is zero harm and 100% adherence to processes that have been proven to reduce patient and staff injury. We will create a High Reliability Organization with a culture that is committed to safe processes and continuous improvement in every military treatment and civilian care setting (e.g., primary and specialty care, inpatient and outpatient care; in military and civilian hospitals). Transforming the MHS into a High Reliability Organization we acknowledge as a journey embracing its three enabling pillars: leadership commitment, creating a culture of safety, and the consistent use of Robust Process Improvement.

We transformed primary care utilizing the PCMH model and now will evolve to **improve comprehensive primary care (IP8)**. We will ensure the linkage of primary care to related

specialties by having care delivered according to defined pathways for related illnesses and thereby **improve condition-based quality care (IP7)**. We already began by establishing centers of excellence which develop pathways for the most common chronic illnesses and those that most affect readiness, quality, and cost (e.g., posttraumatic stress disorder, depression, diabetes, and traumatic brain injury).

If we do all of these things right, we will simultaneously **improve clinical outcomes and consistent patient experience (PLS4)**.

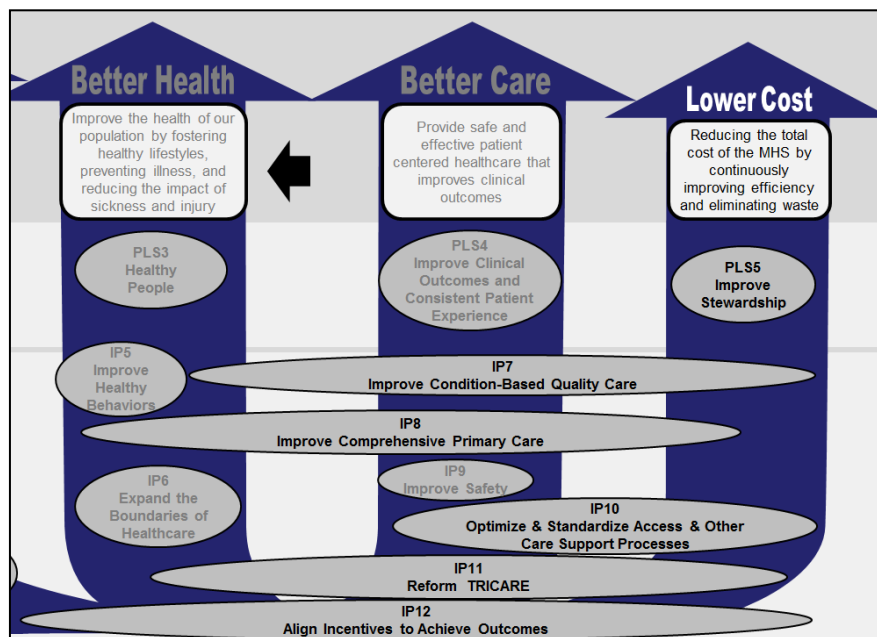
## Lower Cost

Lower cost is not our primary goal, but we know that by doing things right the first time, and every time, we eliminate waste and more effectively apply resources to create better value:

$$\text{Value} = \frac{\text{Readiness} + \text{Health} + \text{Care}}{\text{Cost}}$$

This is how we **improve stewardship (PLS5)**.

We commit to become a High Reliability Organization that reduces unwarranted variation and eliminates waste using robust process improvement and change management. Our strategy is



clear: we will focus efforts by **aligning incentives to achieve outcomes (IP12)** so that people are rewarded for creating value, not just increasing volume of services. We will **reform TRICARE (IP11)** to streamline administrative processes, and ensure that the financial design of the benefit supports efficient value creation and leverages best contracting practices.

One specific focus will be to **optimize and standardize access and other care support processes (IP10)**. As we eliminate waste (e.g., excessive waits, duplicate visits, repeated tests, etc.) that irritates and inconveniences our patients, we will reduce cost to the system.

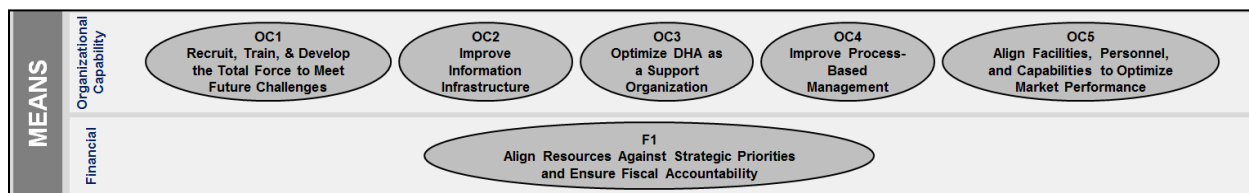
Our commitment to **improve safety (IP9)** and quality will add to savings by leveraging evidence based practice to eliminate harm events and their costly consequences.

We believe that efforts to **improve comprehensive primary care (IP8)** can reduce the need for more resource-intensive care (e.g., ER and inpatient care) and that early intervention can reduce the cost of treating illnesses before they become more complex. As we **improve condition-based quality care (IP7)**, we will accelerate use of evidence-based interventions for chronic illness that can reduce the costs of complex social and medical interventions and end-of-life care. It is our focus on quality processes, evidence-based management, and evidence-based care that will allow us to improve stewardship so that every dollar we spend will increase value by producing better outcomes.



## Organizational Capability and Financial Perspective

In addition to showing how we will create value, our strategy map shows how we will balance long- and short-term results. The Internal Process (IP) perspective identifies the core processes required for optimal performance in the near term. The **Organizational Capability (OC) Perspective** specifies how we will invest in our people, our culture, and the information we need to thrive over the long-term.



Our people value the opportunity to serve the warfighter – to do meaningful work and to make a difference. They are the key to our success, and therefore our most precious asset. Our total force includes active, reserve, and guard Service members, and civilian and contract staff. We are committed to unleashing the full potential of all MHS team members by providing a learning environment that rewards excellence, respects people, and matures a cadre of effective leaders. The Military Medical Departments, supported by the Defense Health Agency, will continue to **recruit, train, and develop the total force to meet future challenges (OC1)**.

Each member of the MHS, including patients and line commanders, needs to have access to the information they need to make the best decisions. Through focused investments in an electronic health record and a coordinated suite of business applications **we will improve information infrastructure (OC2)** so that patients, providers, and managers have optimal decision support where and when they need it.

To function as a fully integrated delivery system, we recognized the need to create a dedicated system integrator. We will **optimize the DHA as a support organization (OC3)** that helps the Service Medical Departments coordinate activities and achieve synergies for all customers, particularly the Combatant Commanders, by managing shared services and building the infrastructure for a learning organization focused on health readiness.

To become a High Reliability Organization, we must **improve process-based management (OC4)** and create a culture that promotes transparency with shared accountability for improvement and outcomes based on shared standards, processes, and measures.

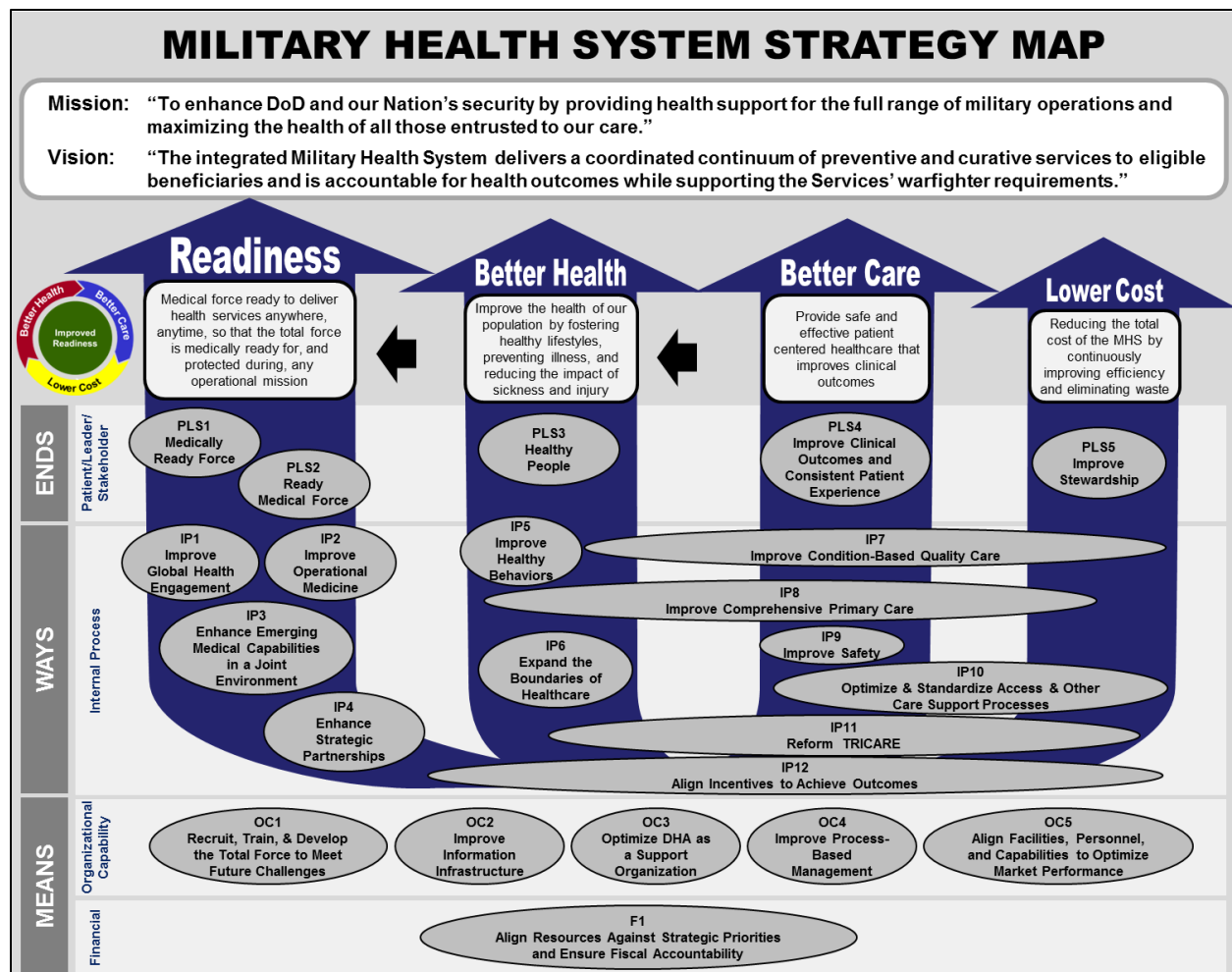
As we shift from healthcare to health and readiness, we will need to **align facilities, personnel, and capabilities to optimize market performance (OC5)**. We will optimize MTF-anchored markets and fully utilize available hospital and clinic capacity to both sustain the ready medical force and operate with increased efficiency and effectiveness. We will also optimize smaller mission-focused markets with large troop concentrations and focus MTF operations on providing a ready medical force and healthy families. In those markets we will rely on civilian and VA

partnerships to deliver the majority of inpatient and specialized care. All of our markets will have annual business plans with clearly articulated targets for quadruple aim performance.

Finally, to ensure a ready supply of fuel for the engine of our military health system, we must explicitly **align resources against strategic priorities and ensure fiscal accountability (F1)** so that investment and operating funds are predictably available even in the context of a challenging and resource-constrained environment.

## The Complete MHS Strategy Map

The elements of our strategy described earlier (mission, vision, themes, perspectives, and strategic objectives) come together to form the complete MHS Strategy Map.



## 5. DEMONSTRATING SUCCESS AND DELIVERING RESULTS

### The MHS Value Dashboard

As a performance based organization we understand that all of our stakeholders deserve to see evidence that we are dedicated to excellence and that we are creating optimal value with the resources we are given. We are committed to being transparent and displaying measures of our success. Our mission is complex and measuring our success is not easy. As Albert Einstein once said, “Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted.” Acknowledging the wisdom in that statement, MHS leadership has devoted much time and effort to developing measures of what really counts in terms of MHS mission accomplishment and value creation according to our strategy map. We also recognize that measurement is a dynamic process and that our set of measures must balance the need for constancy of purpose with agility in meeting evolving challenges. The MHS Value dashboard is a dynamic product and can be found at the MHS Strategy Website.

### How We Use the Plan in Managing the Organization

Senior leadership uses the strategic plan to accomplish all aspects of strategy management, including the following:

- **Creating synergy across the Services and DHA** – We will use the MHS strategic plan to support alignment of all components of the MHS, including the Service Medical Departments, the Defense Health Agency, and the Uniformed Services University of the Health Sciences. We will identify opportunities to increase effectiveness and achieve synergy through improved integration.
- **Monitoring performance improvement and MHS transformation** – Senior leadership will conduct periodic reviews of MHS performance against our strategic targets and adjust activities and resources to continuously improve. These reviews will also monitor successful completion of strategic initiatives.
- **Accelerating change through focused strategic initiatives** – We will resource and manage a set of strategic initiatives that support achievement of our strategy map objectives. The initiatives will be executed through the coordinated actions of the three Service Medical Departments and the DHA; progress will be assessed during quarterly strategic review and analysis sessions.
- **Building strategic assets** – We will use the plan to strategically focus our MHS investment portfolios, including facilities, Information Management/Information Technology, Research & Development, and perhaps most importantly, human capital.
- **Coordinating planning and budgeting** – We will compare actual versus desired performance and use this information to make short- and long-term budget adjustments.
- **Communicating the MHS Strategy** – We will use the MHS strategic plan to develop communications tools for stakeholders (Office of the Secretary of Defense, Service Leadership, Combatant Commanders, Office of Management and Budget, and Congress),

customers (beneficiaries, Service members, commanders, and beneficiary groups), and our people.

Finally, it is our intent to work together to make this plan a catalyst for shared continuous improvement; we invite you to visit the MHS Strategy Website to offer comments and make recommendations for improvements so that **together, we can make the MHS better, stronger, and more relevant.**

## 6. APPENDIX A: MHS STRATEGIC OBJECTIVES DEFINITIONS

This appendix contains a list of the MHS Strategic Objectives starting at the top of the Strategy Map and working down.

ID	Strategic Objective	Definition
<b>Patient / Leader / Stakeholder (PLS) Perspective</b>		
PLS1	Medically Ready Force	Develop total force with enhanced health, human performance, and resilience prepared to meet the specific challenges of the full range of military operations
PLS2	Ready Medical Force	Create a fully functional, mission-focused health team prepared with requisite knowledge, skills, and abilities supported by robust logistics, transportation, and technology to accomplish operational mission anytime, anywhere
PLS3	Healthy People	Optimize physical, emotional, and social aspects of health in the presence or absence of illness or injury across lifespan; Relieve suffering and promote the ability to thrive and achieve optimal well-being
PLS4	Improve Clinical Outcomes and Consistent Patient Experience	Achieve the outcomes that enhance quality of life and matter to patients, and meet or exceed the expectations of those patients during the process of receiving health services Deliver a care experience that is safe, timely, efficient, effective, equitable, and patient-centered
PLS5	Improve Stewardship	Use resources in an efficient, careful, and responsible manner to optimize mission accomplishment
<b>Internal Process (IP) Perspective</b>		
IP1	Improve Global Health Engagement	Develop health and medical related actions and programs to improve foreign armed forces' or foreign civilian authorities' health system capability and capacity; promote and strengthen health systems in support of our national security objectives
IP2	Improve Operational Medicine	Operate as a cohesive team in an austere environment, at a moment's notice Strengthen a combat casualty care learning organization (e.g., Joint Trauma System and Joint Trauma Analysis and Prevention of Injury in Combat) Ensure all members of the healthcare team are both current and competent in operational skills by optimizing the use of MTFs and augmenting with appropriate civilian care settings

ID	Strategic Objective	Definition
		<p>for skills development and maintenance</p> <p>Achieve interoperable adaptive force package using JCIDS (Joint Capabilities Integration and Development System) process in collaboration with combatant commanders</p>
IP3	Enhance Emerging Medical Capabilities in a Joint Environment	<p>Scan the environment for innovations that can be applied in the MHS</p> <p>Adopt new technologies (e.g., telemedicine, simulation) and adapt to meet specific needs of MHS</p> <p>Conduct or support translational research to meet unique requirements of the MHS</p> <p>Conduct comparative effectiveness research to build and improve set of evidence-based clinical and management practices and choose most appropriate new technologies and therapeutics</p>
IP4	Enhance Strategic Partnerships	Develop and optimize partnerships to create measurable value aligned with Quadruple Aim
IP5	Improve Healthy Behaviors	<p>Apply evidence-based behavior change practices to enhance healthy behaviors in entire beneficiary population</p> <p>Make the healthy choice the easy choice through education, improved processes, and aligned incentives</p> <p>Create partnerships with line and civilian community leaders to enhance an environment conducive to health</p>
IP6	Expand the Boundaries of Healthcare	<p>Make care accessible, where appropriate and safe, in office and home through the use of innovative virtual technologies (e.g., home monitoring, telemedicine)</p> <p>Educate and coach beneficiary population and encourage self-directed health activities to enable more effective self-management</p>
IP7	Improve Condition-Based Quality Care	<p>Deliver care in integrated practice approach organized around a medical condition or set of closely related conditions. The integrated practice concept includes specialties involved with the care of conditions, along with primary care, and includes all settings where care is delivered</p> <p>Provide care according to standard guidelines that apply to all types of providers and in all care settings</p> <p>Create an integrated practice approach that is responsible for all aspects of care and for monitoring of outcomes regardless</p>

ID	Strategic Objective	Definition
		of where care is delivered
IP8	Improve Comprehensive Primary Care	Build on PCMH experience to create next generation primary care with patient and family empowerment, enhanced access to non-visit based care focused on prevention, and coordinated condition-based care
IP9	Improve Safety	Create a culture of safety wherein safety is everyone's job and transparent reporting is used for improvement, not judgment Engineer safe processes for both patient care and care support resulting in safer environment for both patients and staff
IP10	Optimize & Standardize Access & Other Care Support Processes	Define processes, monitor outcomes, and continuously improve activities done in support of care across the integrated delivery system (e.g., appointing, referral management supply chain, Operating Room management, care coordination, etc.)
IP11	Reform TRICARE	Align health service purchasing strategy with MHS strategic objectives emphasizing value over volume and optimizing use of military treatment facilities Reform the benefit to align incentives and financial structure with desired health outcomes Consider alternate purchased care strategies to meet different delivery challenges across the global system
IP12	Align Incentives to Achieve Outcomes	Create incentives/rewards/recognitions to promote behaviors that are aligned with MHS strategy Ensure measures and incentives apply across the entire integrated delivery system (i.e. Purchased Care and Direct Care)
<b>Organizational Capability (OC) Perspective</b>		
OC1	Recruit, Train and Develop the Total Force to Meet Future Challenges	Develop leaders to succeed in evolving healthcare and national security environment Optimize recruiting and retention to develop the total medical force to achieve mission success
OC2	Improve Information Infrastructure	Support the healthcare team in providing efficient clinical activities with appropriate information technology tools Create decision support for evidence-based management and

ID	Strategic Objective	Definition
		<p>evidence-based care in an integrated delivery system with aligned incentives</p> <p>Enable continuous learning and knowledge management with real time relevant information</p> <p>Support dissemination of proven practices, and continuous improvement and innovation</p>
OC3	Optimize DHA as a Support Organization	<p>Maximize DHA support of Service components, particularly with regard to shared services and functions that support an Integrated Delivery System</p> <p>Ensure that DHA accomplishes all approved mission-essential tasks in support of Combatant Commanders</p>
OC4	Improve Process-Based Management	<p>Create a culture that promotes standard transparent processes with clear accountability for improvement and outcomes</p> <p>Improve the widespread adoption and deployment of robust process improvement (RPI): lean, six sigma, and change management</p>
OC5	Align Facilities, Personnel, and Capabilities to Optimize Market Performance	<p>Optimize placement of resources consistent with patient-centered approach</p> <p>Integrate Service delivery across MTFs and Purchased Care</p> <p>Match personnel to geographic demand within and across markets (Modernization Study)</p> <p>Align performance with entire market, not individual clinic or MTF</p>
<b>Financial (F) Perspective</b>		
F1	Align Resources Against Strategic Priorities and Ensure Fiscal Accountability	<p>Use strategy to prioritize investments in the Planning, Programming, Budgeting and Execution System (PPBES) process and use enterprise-wide reviews to ensure components are executing investments as planned</p> <p>Ensure all financial activities can be tracked and audited across the enterprise</p>